

USDA-OIG

EMPLOYEE INSTRUCTIONS FOR FILING A TRAUMATIC INJURY CLAIM



The Federal Employees' Compensation Act (FECA) is the exclusive authority governing your claim rights. The Department of Labor's Office of Workers' Compensation Programs (OWCP) has exclusive authority to administer, interpret, and enforce all provisions of this Act. The Administrative Resource Center (ARC) has been contracted to provide you and your supervisor with the assistance necessary to navigate through the process.

FOLLOW ALL USDA-OIG GUIDANCE.

The following documents should be downloaded and printed to assist you in the claim process:

- **Notice of Traumatic Injury... [\(CA-1\)](#)**
- **Duty Status Report [\(CA-17\)](#)**
- **[Medical Release of Information](#)**
- **[Health Care Provider Memo](#)**
- **Attending Physician's Report [\(CA-20\)](#)**
- **Health Claim Form [\(OWCP-1500\)](#)**

EXCEPT IN EMERGENCY SITUATIONS, COMPLETE THE FOLLOWING PRIOR TO YOUR FIRST DOCTOR'S APPOINTMENT:

- 1. REPORT your injury to your supervisor as soon as possible.** If more than 30 days have elapsed since the injury, you may lose entitlement to injury leave.
- 2. COMPLETE the CA-1 and forward it to your supervisor.** Your supervisor will complete the supervisory section of the CA-1, and forward it to ARC. ARC will review the document for completeness, and will forward it to the appropriate OWCP District Office through express mail.
- 3.** When a claim number is assigned, you will receive a post card identifying your claim number. This number should be used on all documentation/bills submitted by your health care provider to the OWCP. If the OWCP needs additional information, you will be notified in writing.
- 4. ASK your supervisor if you are eligible for an Authorization for Medical Examination and/or Treatment (CA-16).** You may be eligible to obtain pre-authorization for emergency medical treatment if you report the injury within one week of the claimed injury. Treatment is authorized for 60 days from the date of issuance, unless OWCP terminates the CA-16 sooner. Coverage is for non-invasive procedures – x-rays, MRI's, office/ER visits, hospitalization, etc. Verbal authorization may be given in certain emergency situations when there is no time to complete a CA-16.
- 5. HAVE your supervisor complete the supervisory section of the Duty Status Report (CA-17) and return it to you BEFORE you go to the doctor.**

GIVE THE FOLLOWING TO YOUR HEALTH CARE PROVIDER:

- Health Care Provider Memo
- Position Description
- Health Claim Form (OWCP-1500)
- Duty Status Report (CA-17) - completed by supervisor
- CA-20/CA-16 as applicable

RETURN TO YOUR SUPERVISOR:

- 1. All medical evidence** supporting your claim.
- 2. A completed CA-17** outlining your physical requirements.

RESPONSIBILITIES/RIGHTS:

YOUR RESPONSIBILITIES:

1. You have the burden of proof in establishing that the injury is work related. You must provide evidence that you filed for benefits in a timely manner, that you are a civil service employee, that your injury occurred as reported and in the performance of duty, and that the condition or disability is related to your injury or factors of employment.
2. You have the right to select your attending physician. To be considered “qualified”, your physician must be Board-certified operating within the scope of their practice as defined by State law. This excludes physician assistants and/or practical nurses. NOTE: The services of chiropractors may be reimbursed only for treatment consisting of the manual manipulation of the spine, which is determined to exist by an x-ray.
3. Under 20 CFR 10.505, you have the obligation to return to work as soon as medically feasible. You are required to:
 - Notify your physician that your agency provides light duty whenever possible to help injured employees return to work. ([Use Health Care Provider Memo](#))
 - Provide your physician with information concerning your position description and the physical requirements of your position. ([Use CA-17](#))
 - Accept all suitable job offers. Refusal could jeopardize your benefit entitlement.
4. You must keep your supervisor updated regarding your medical condition and ability to perform the essential functions of your position.
5. You must follow your agency’s time and attendance guidelines.
6. You may be eligible for Continuation of Pay (injury leave) while your claim is being adjudicated. Contact your supervisor or ARC Workers’ Compensation Specialist for details concerning entitlement.

AGENCY RESPONSIBILITIES:

1. Your agency will cooperate with you, your health care provider, and the OWCP to the fullest extent possible to ensure that you obtain all benefits due you, and to allow you to return to work at the earliest medically feasible opportunity.
2. Your agency will make every effort to ensure that agency personnel do not obstruct you in any way in the claim process by complying with all statutory obligations and timeframes.
 - The CA-1 will be processed ***within 10 working days*** to the appropriate district office.
 - Claims for Compensation (CA-7) will be processed ***within 5 working days*** to the appropriate district office. The ARC Workers’ Compensation Specialist will provide you with information concerning the CA-7 as needed. [See FAQ #6.](#)
3. Your agency is obligated to submit appropriate information to OWCP and to respond to all assertions in your claim. This information may challenge the validity of your claim or your entitlement to injury leave.

Any attempt by agency personnel to knowingly and willfully falsify, conceal, or cover up a material fact or make a false statement in connection with a claim for compensation or other benefit from the government, could result in fine or imprisonment.

Please provide the following information so ARC can fully assist you and your supervisor throughout this process:

Employee Home Phone:

| Employee Work Phone:

Email:	Work Schedule:
Best Time to Reach:	Other:
Supervisor Work Phone:	Other Phone:
Email:	Work Schedule:
Best Time to Reach:	Other:

ARC CONTACT INFORMATION	
PRIMARY CONTACT:	Kelly Nettleton (304) 480-8229 FAX: (304) 480-8019
SECONDARY CONTACT:	Carla McHenry (304) 480-8213 FAX: (304) 480-8019
EMAIL: WorkersComp@bpd.treas.gov	

ARC MAILING INFORMATION:	
<u>Regular Mail:</u> Benefits, Avery 2-C TREASURY/PUBLIC DEBT Attention: Kelly Nettleton PO Box 1328 Parkersburg, WV 26101-1328	<u>Express Mail:</u> Benefits, Avery 2-C TREASURY/PUBLIC DEBT Attention: Kelly Nettleton 200 Third Street Parkersburg, WV 26106-5312

Forward a signed copy of this document to your supervisor along with all other requested documentation. If you have questions, contact the agency personnel outlined above. Please provide any special instructions, such as the need for a translator, and/or the name of anyone authorized to act on your behalf.

Employee Acknowledgement

Date

Supervisor Acknowledgement

Date